




## 2 Easy Ways to Register!

 **Fax** your completed form to **(202)-606-5073**

 **Mail** your completed form to:

Cindy Bienvenue  
ACHP  
1100 Pennsylvania  
Avenue, NW, Suite 803  
Washington, DC 20004

## 2010 Dates & Locations

February 9-10  
Alexandria, VA

May 18-19  
Salt Lake City, UT

June 15-16  
Riverside, CA

July 7-8  
Kansas City, MO

August 18-19  
Concord, NH

September 21-22  
Washington, DC

October 26-27  
Austin, TX

# The Advisory Council on Historic Preservation 2010 Registration Form – Group Form

## THE SECTION 106 ESSENTIALS

### Registration Information - \*You must fill out a form for each registrant

Registrant: \_\_\_\_\_  
(Last Name) (First Name) (MI)

Position Title: \_\_\_\_\_

Agency/Business Name: \_\_\_\_\_

Agency/Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number (with area code): \_\_\_\_\_ Fax Number (with area code): \_\_\_\_\_

E-mail Address (receiving course confirmation): \_\_\_\_\_

### Course Information

Preferred Course Date: \_\_\_\_\_ Course Location: \_\_\_\_\_

Name on Certificate: \_\_\_\_\_  
(Please type your name, as you would like it to appear on your certificate.)

### Payment Information - \*payment must be received with registration\*

- |  |  |
|--|--|
| <input type="checkbox"/> 1 <sup>st</sup> registrant = \$495.00 | <input type="checkbox"/> 5 <sup>th</sup> registrant = \$450.00 |
| <input type="checkbox"/> 2 <sup>nd</sup> registrant = \$450.00 | <input type="checkbox"/> 6 <sup>th</sup> registrant = \$375.00 |
| <input type="checkbox"/> 3 <sup>rd</sup> registrant = \$450.00 | <input type="checkbox"/> 7 <sup>th</sup> registrant = \$375.00 |
| <input type="checkbox"/> 4 <sup>th</sup> registrant = \$450.00 | <input type="checkbox"/> 8 <sup>th</sup> registrant = \$375.00 |

Payment: \*Groups must pay via credit card or via check. Purchase orders are not accepted

- ☐ Discover    ☐ Visa    ☐ MasterCard    ☐ American Express
- ☐ Check, payable to ACHP, Section 106 Essentials. Check must be accompanied by registration form

### Credit Card Payment Information

Name on the card (please print): \_\_\_\_\_

(Last Name) (First Name) (MI)

Agency/Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address (for payment receipt): \_\_\_\_\_

**\*Once credit card is processed, you will receive an email receipt from Pay.gov.**

Card#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Cancellations:** Registrants who cancel at least 14 days prior to the start of the course will receive a full refund minus a 15% processing fee. No refunds will be given for cancellations made fewer than 14 days before the start of the course; however, substitutions may be made at no cost up until three days before the course begins. All cancellations must be made in writing.

**Accessibility:** The ACHP schedules all courses in facilities that meet federal accessibility requirements. Registrants with special accessibility needs should contact Cindy Bienvenue @ 202-606-8521.

**Questions???** Contact [Cindy Bienvenue at 202-606-8521 or email cbienvenue@achp.gov](mailto:cbienvenue@achp.gov)